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A Public Document

KATHLEEN WILLIAMS  
PLUMAS CO. CLERK

NAME (LAST)	(FIRST)	(M)	DEPUTY
Meacher	Robert		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
OPTIONAL: E-MAIL ADDRESS			

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

County of Plumas

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

County Supervisor, District 2

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached list

Position: Delegate

**4. Schedule Summary**

► Total number of pages including this cover page: 10

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
(Investments (Less than 10% Ownership))

Schedule A-2 ☒ Yes - schedule attached  
(Investments (10% or Greater Ownership))

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☒ Yes - schedule attached  
(Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments))

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☒ Yes - schedule attached  
Income - Gifts - Travel Payments

-OR-

☐ No reportable interests on any schedule

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☒ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/22/10

(month, day, year)

Signature

[Redacted Signature]

(File the originally signed statement with your filing records)

Additional agencies:

Plumas County Community Development Commission (Commissioner)

Plumas County Transportation Commission (Commissioner)

Plumas LAFCo (Commissioner)

California State Association of Counties (CSAC) (Director)

Pacific Forest Watershed Lands Stewardship Council (Director)

Sacramento Watershed Program (Trustee)

California Watershed Network (Director)

Water For California (Director)

**FORM 700 Statement of Economic Interests for Calendar Year 2009**

**List of Agencies and Member Counties**

**PLUMAS COUNTY**

<u>Agency</u>	<u>Position</u>
CRHMFA Homebuyers Fund	Delegate
Rural Health Joint Powers Authority	Delegate
California Rural Home Mortgage Finance Corp	Delegate
Environmental Services Joint Powers Authority	Delegate
California Local Government Finance Authority	Delegate

**List of Member Counties**

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolumne County

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Robert Meacher</u>

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name <u>GENESEE STONE</u>	
Address (Business Address Acceptable) <u>7201 GENESEE RD.</u>	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>DEL / BISTRO</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ACQUIRED ____/____/09 DISPOSED
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>OWNER / operator</u>	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE</b> (attach a separate sheet if necessary)
<u>N/A</u>

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
<u>N/A</u>	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ACQUIRED ____/____/09 DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ACQUIRED ____/____/09 DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE</b> (attach a separate sheet if necessary)

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ACQUIRED ____/____/09 DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments:

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Robert Meacher

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

GENESEE STORE

ADDRESS (Business Address Acceptable)

7201 GENESEE RD.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Bistro/ Deli - Cafe

YOUR BUSINESS POSITION

OWNER / OPERATOR

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary    ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or    ☐ Rental Income, list each source of \$10,000 or more

☒ Other SALES  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary    ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or    ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %    ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**

**FAIR POLITICAL PRACTICES COMMISSION**

Name

Robert Meacher

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE

Regional Council of Rural Counties

ADDRESS (Business Address Acceptable)

1215 K St. Suite 1630

CITY AND STATE

SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ADVOCACY

DATE(S): 1/1/09-12/31/09 AMT: \$ SEE  
(If applicable) ATTACHMENTS

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: SEE ATTACHMENTS

COSTS ASSOCIATED W/ MEETINGS

► NAME OF SOURCE

PACIFIC FOREST WATERSHED LANDS

ADDRESS (Business Address Acceptable) STEWARDSHIP

15 NORTH ELLSWORTH AVE. SUITE 100

CITY AND STATE

SAN MATEO, CA 94401

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DIRECTOR

DATE(S): 1/1/09-12/31/09 AMT: \$ SEE  
(If applicable) ATTACHMENTS

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: SEE ATTACHMENTS

COSTS ASSOCIATED W/ MEETINGS

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_

# 2009 DELEGATE EXPENSE

County: **Plumas**  
 Delegate: **R. Meacher**

## Item

### Meals provided at meetings:

### Amount

Prior year expenses pd in 2009		416.98
Board Meeting: January	23.15	23.15
Executive Meeting: February	7.49	
Board Meeting: March	24.79	
Executive Meeting: April	14.83	
(Sutter) Board Meeting Dinner: June	53.12	53.12
Executive Meeting: July	No lunch	
Board Meeting: August	17.15	17.15
(Annual Conference Squaw Valley) Board Meeting Breakfast: Sept	50.37	50.37
Executive Meeting Bkft & Lunch: Oct	21.48	
Executive Meeting: Dec	12.25	
Board Meeting: Dec	24.96	24.96
January Annual Dinner* Reception 15.33 Dinner 103.19	118.52	118.52

\* Price is for Supervisor only. Double amount if spouse/guest attended also.

### Expense Reimbursements

To Delegate:

1700.72

To County for Delegate:

### Expenses paid by RCRC on behalf of Supervisor:

Jan Lodging:

June (Sutter) Board meeting lodging & meals

March NACO Wash D.C:

May NACO WIR Pendleton OR:

July NACO Nashville TN:

Nov CSAC Monterey CA:

Seminar Registration/Memberships:

Supervisor Travel and Meals:

Gifts - \$420 limit:

Awards - \$250 limit:

Plaque:

Total Expenses:

**2404.97**

**Please record on your  
 SCHEDULE - E**

Pacific Forest and Watershed Lands Stewardship Council  
Form 700 Expenditures  
2009 Board Retreats and Field Trips

**Board Meeting San Mateo: February 11, 2009**

	Cost	# Attendees	Cost/Attendee
Lunch	580.47	35	16.58
Open House	1,034.00	50	20.68
<b>Total February 2009:</b>	<b>1,614.47</b>		<b>37.26</b>

**Board Meeting Redding: April 30, 2009**

	Cost	# Attendees	Cost/Attendee
Breakfast	163.62	30	5.45
Lunch	283.62	30	9.45
<b>Total April 2009:</b>	<b>447.24</b>		<b>14.91</b>

**Board Field Tour Redding: May 1, 2009**

	Cost	# Attendees	Cost/Attendee
Coffee	52.96	20	2.65
Lunch	189.91	20	9.50
<b>Total May 2009:</b>	<b>242.87</b>		<b>12.14</b>

**Board Retreat Modesto: June 10-11, 2009**

	Cost	# Attendees	Cost/Attendee
Field Tour Lunch June 10	230.67	15	15.38
Dinner June 10	1,585.96	40	39.65
Breakfast, Coffee, Soda, Lunch, Snack June 11	1,736.17	35	49.60
<b>Total June 2009:</b>	<b>3,552.80</b>		<b>104.63</b>

**Board Meeting Sonora: September 17-18, 2009**

	Cost	# Attendees	Cost/Attendee
Breakfast and Lunch June 17	1,032.00	45	22.93
Dinner June 17	353.57	14	25.26
Field Tour Lunch June 18	323.91	28	11.57
<b>Total September 2009:</b>	<b>1,709.48</b>		<b>59.76</b>

**Board Meeting Sacramento: November 19, 2009**

	Cost	# Attendees	Cost/Attendee
Lunch	665.37	35	19.01
Reception	1,042.43	50	20.85
<b>Total November 2009:</b>	<b>1,707.80</b>		<b>39.86</b>



Pacific Forest and Watershed Lands Stewardship Council  
 Form 700 Expenditures  
 2009 Youth Investment Committee Meetings

Meeting Date	Cost	# Attendees	Cost/Attendee
February 04	x	x	x
April 15	305.97	15	20.40
June 17	248.00	16	15.50
September 09	266.52	13	20.50
October 28	265.95	13	20.46

Pacific Forest and Watershed Lands Stewardship Council  
Form 700 Expenditures  
2009 Planning Committee Meetings

Meeting Date	Cost	# Attendees	Cost/Attendee
January 21	\$622.59	25	\$24.90
March 04	\$676.97	25	\$27.08
April 08	\$676.97	25	\$27.08
May 20	\$622.59	25	\$24.90
August 05	\$622.59	25	\$24.90
September 02	\$622.59	25	\$24.90
October 21	\$672.40	27	\$24.90
December 02	\$595.41	25	\$23.82